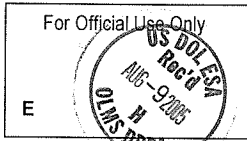


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5056</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Carol</u> <u>M</u> <u>Waaser</u> P.O. Box, Bldg., Room No., if any <u>15th Floor</u> Street <u>165 W. 46th St.</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any <u>15th Floor</u> Street <u>165 W. 46th st.</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization. <u>Eastern Regional Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Michael Stotts</u> Trade Name, if any: <u>Long Wharf Theatre</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>222 Sargent Drive</u> City <u>New Haven</u> State <u>Connecticut</u> ZIP Code + 4 <u>06511-5919</u>	7.a. Nature of Interest, Transaction, or Income. <u>Ticket to A LONG CHRISTMAS RIDE HOME. Job site visit to view production to determine job classification of puppeteers. Employer required under CBA to provide access.</u> 7.b. Amount. <u>\$60</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Carol M. Waaser</u>	On <u>8/4/05</u> Date	<u>212-869-8530</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Spivak, Lipton, Watanabe, Spivak & Moss

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2100

Street 1700 Broadway

City New York

State New York ZIP Code + 4 10019

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Lunch with Elizabeth Orfan, attorney

11.b. Approximate dollar value of such dealing.

\$28

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Jay S. Harris

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Weissberger Theatre Gr.

Street 909 Third Ave.

City New York

State New York

ZIP Code + 4 10021

7.a. Nature of Interest, Transaction, or Income.

Tickets to NEVER GONNA DANCE. Job site visit to view production for purpose of determining risk issues for dancers. Employer required under CBA to provide access.

7.b. Amount.

\$200

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Barrack Evans

Trade Name, if any: Primary Stages

P.O. Box, Bldg., Room No., if any

Street 131 West 45th Street

City New York

State New York

ZIP Code + 4 10036

7.a. Nature of Interest, Transaction, or Income.

Tickets to THE STENDAHL SYNDROME. Job site visit to view production and speak with cast about general contract issues. Employer required under CBA to provide access.

7.b. Amount.

\$120

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Barry Grove

Trade Name, if any: Manhattan Theatre Club

P.O. Box, Bldg., Room No., if any 8th Floor

Street 311 W. 43rd St.

City New York

State New York

ZIP Code + 4 10036-6413

7.a. Nature of Interest, Transaction, or Income.

Tickets to SARAH, SARAH. Job site visit to view production in preparation for negotiations. Employer required under CBA to provide access.

7.b. Amount.

\$120

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Chase Mishkin

Trade Name, if any: Prymate Productions, LLC

P.O. Box, Bldg., Room No., if any c/o Leonard Soloway Prod

Street 1776 Broadway

City New York

State New York ZIP Code + 4 10019

7.a. Nature of Interest, Transaction, or Income.

Tickets to PRYMATE. Job site visit to view production re: non-traditional casting issues. Employer required under CBA to provide access.

7.b. Amount.

\$150

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Michael David

Trade Name, if any: Dodger Stage Holding Theatricals

P.O. Box, Bldg., Room No., if any

Street 230 West 41 Street

City New York

State New York ZIP Code + 4 10036

7.a. Nature of Interest, Transaction, or Income.

Tickets to BARE. Job site visit to view production for purposes of Chorus determination. Employer required under CBA to provide access.

7.b. Amount.

\$120

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Robert Lupone

Trade Name, if any: MCC Theatre

P.O. Box, Bldg., Room No., if any 8th floor

Street 145 W. 28th ST.

City New York

State New York ZIP Code + 4 10001

7.a. Nature of Interest, Transaction, or Income.

Ticket to FROZEN. Job site visit to view production re: safety issues. Employer required under CBA to provide access.

7.b. Amount.

\$75

Name of Person Filing Carol Waaser

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Paul Libin

Trade Name, if any: Jujamcyn Theatres

P.O. Box, Bldg., Room No., if any

Street 246 W. 44th St.

City New York

State New York

ZIP Code + 4 10036-3910

7.a. Nature of Interest, Transaction, or Income.

Ticket to CAROLINE OR CHANGE. Job site visit to view production for jurisdictional determination. Employer required under CBA to provide access.

7.b. Amount.

\$90

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Casey Childs

Trade Name, if any: Primary Stages

P.O. Box, Bldg., Room No., if any

Street 131 West 45th Street

City New York

State New York

ZIP Code + 4 10036

7.a. Nature of Interest, Transaction, or Income.

Tickets to THE DAY EMILY MARRIED. Job site visit to view production and speak with cast about contract issues. Employer required under CBA to provide access.

7.b. Amount.

\$100

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Fred Caruso

Trade Name, if any:

P.O. Box, Bldg., Room No., if any #15C

Street 400 W 37th St

City New York

State New York

ZIP Code + 4 10018

7.a. Nature of Interest, Transaction, or Income.

Ticket to NEWSICAL. Job site visit to view production for jurisdictional determination. Employer required under CBA to provide access.

7.b. Amount.

\$40

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Barrack Evans

Trade Name, if any: Second Stage

P.O. Box, Bldg., Room No., if any

Street 307 West 43rd Street

City New York

State New York

ZIP Code + 4 10036

7.a. Nature of Interest, Transaction, or Income.

Tickets to DANNY AND THE DEEP BLUE SEA. Job site visit to view production re: safety issues and stage fights. Employer required under CBA to provide access.

7.b. Amount.

\$120

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name David Fischelson

Trade Name, if any: Manhattan Ensemble Theatre

P.O. Box, Bldg., Room No., if any 5th Floor

Street 55 Mercer St.

City New York

State New York

ZIP Code + 4 10013

7.a. Nature of Interest, Transaction, or Income.

Tickets to NINE PARTS OF DESIRE. Job site visit to view production re: general contract issues. Employer required under CBA to provide access.

7.b. Amount.

\$50

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.